# **Healthy Kentuckians 2010:**

#### **Tobacco Prevalence: Smokeless Tobacco Use**

Healthy Kentuckians 2010 recommends increasing the proportion of young people who have never used smokeless tobacco products, increasing the number of smokeless users who attempt to quit, increasing the number of youth who disapprove of smokeless tobacco use and associate harm with use, enhancing enforcement efforts to decrease the illegal sale of smokeless tobacco products to minors, and prohibiting smokeless tobacco use on school campuses. The survey findings reveal that nearly 10% of middle school students and 13% of high school students report using smokeless tobacco on one or more of the past 30 days. To meet the Healthy Kentuckians 2010 goals, current SLT use must be reduced by 31% for both middle and high school students.

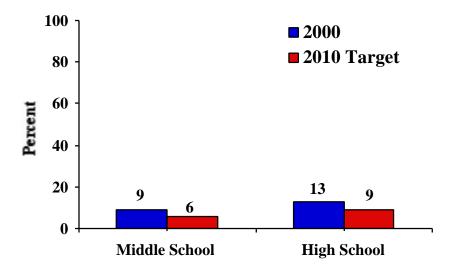


Figure 11. Current smokeless tobacco use and 2010 target

#### **Tobacco Prevalence**

#### Lifetime Smokeless Tobacco (SLT) Use

Lifetime use is defined by the CDC as having <u>ever</u> tried smokeless tobacco, even on only one occasion.

- ✓ Overall, 22% of middle school and 33% of high school students have ever used SLT.
- ✓ One-third of middle school males and more than half of high school males have ever used SLT.
- ✓ Regardless of grade, less than one-fifth of females report ever using SLT.
- ✓ High school boys are more likely than middle school boys to have ever used SLT.

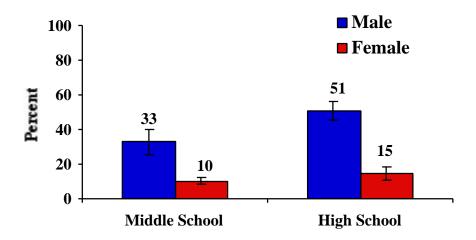


Figure 12. Lifetime use of smokeless tobacco by gender

#### **Background and Significance**

Use of smokeless tobacco, primarily a male behavior, is associated with serious health consequences such as leukoplakia and oral cancer. <sup>4</sup> Use of snuff and chewing tobacco by young males in the U.S. increased sharply through the 1970s and early 1980. <sup>3</sup> The growth in the sales of smokeless tobacco products has been attributed to a tobacco industry advertising and marketing campaign that encourages young nonusers to experiment with smokeless tobacco products. <sup>8</sup> More vigorous steps are required to prevent young people from using smokeless tobacco products.

#### **Tobacco Prevalence**

### Current Smokeless Tobacco (SLT) Use

Current use is defined by the CDC as using smokeless tobacco on one or more of the past 30 days.

- ✓ Overall, 9% of middle school and 13% of high school students are current SLT users.
- ✓ Males are more likely to use smokeless tobacco than females.
- ✓ Middle school males are just as likely as high school males to be current SLT users.
- ✓ There are no significant ethnic/racial differences in current SLT use among middle or high school students.

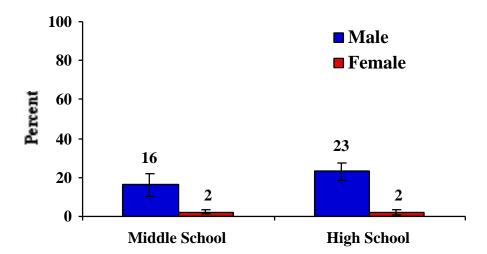


Figure 13. Current smokeless tobacco use by gender

## **Background and Significance**

Nationally, 3% of middle school students and 7% of high school students report using SLT on one or more of the past 30 days. Males are more likely than females to use SLT, with 4% of male middle school and 12% of male high school students as current users. Current SLT use among Kentucky middle school males is four times higher than the national rate and nearly two times higher among high school males. Nationally, the prevalence of SLT use is lower among African American male 6-12<sup>th</sup> grade students than among white and Hispanic male students.

#### **Tobacco Prevalence**

#### Current Smokeless Tobacco (SLT) Use by Grade Level

Current use is defined by the CDC as using SLT on one or more of the past 30 days.

 $\checkmark$  The proportion of current SLT users increases significantly from  $6^{th}$  to  $7^{th}$  grade.

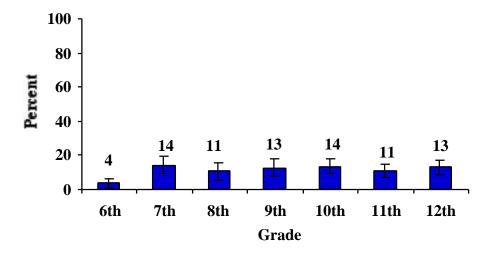


Figure 14. Current smokeless tobacco use by grade

## **Background and Significance**

Among Kentucky youth, current smokeless tobacco use is well established by 7<sup>th</sup> grade. Schools play an essential role in preventing the use of SLT. Building strong, multi-year smokeless tobacco prevention units into school health education curricula is effective in reducing smokeless tobacco use. <sup>3</sup> There is evidence that tobacco control efforts are more effective when youth are involved in developing tobacco prevention units, and when school efforts are coordinated with community-based prevention activities. <sup>7</sup>

# Strategies for Reducing Smokeless Tobacco Use (SLT) Based on CDC Best Practices

#### **Policy Development**

- □ Strengthen laws to restrict youth access to smokeless tobacco products.
- □ At a minimum, tax smokeless tobacco products at the national average.
- □ Support strict health warnings on all smokeless tobacco products.
- Adopt state and local laws to prohibit smokeless tobacco on school campuses.

#### **Community Mobilization**

- □ Involve community partners in documenting tobacco manufacturer advertising and promotional campaigns for smokeless tobacco products.
- □ Monitor youth access to smokeless tobacco products by conducting local surveys.
- □ Target sports teams to address early initiation of smokeless tobacco use.

#### Information Dissemination/Media Advocacy

- □ Counter the perception that SLT is a safe alternative to cigarettes by widely publicizing the health risks of smokeless tobacco use.
- □ Launch media campaigns to deglamorize smokeless tobacco products and increase public awareness of the health hazards of smokeless tobacco.

#### **Professional Development and Training**

- ☐ Include information on smokeless tobacco use in all tobacco prevention training workshops.
- □ Train health care providers to routinely identify and treat smokeless tobacco users.

#### Surveillance/Evaluation

- □ Continue to monitor trends in the use and distribution of smokeless tobacco products by conducting the Kentucky Youth Tobacco Survey.
- □ Monitor adult use of smokeless tobacco by regularly including smokeless tobacco use items on the annual Behavioral Risk Factor Surveillance System (BRFSS) survey.
- □ Expand cancer registries to monitor smokeless tobacco-related oral cancers.
- □ Conduct research on smokeless tobacco brand preferences among youth.